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Weekly Bulletin



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GUY P. JONES
EDITOR

The Teacher as
an Aid to Health.

The private physician is the person upon whom we must rely (except in indigent cases) to give advice to the individual on health habits, and on preventive and curative measures. The parent's part is of great importance in that he, or she, or both, must see that the advice is properly carried out. Yet both the actions of the physician and the parent are dependent on a willingness of the parent to seek the right kind of advice and the willingness to consult the physician is in turn dependent upon the parent's being convinced of the worthwhileness of procuring this advice. In other words, someone must sell the idea of keeping well and of building up health. While private physicians and parents can help to spread the message, it is chiefly those persons who come in contact with large numbers of people—teachers, nurses and other health workers, ministers and newspaper men—upon whom we must rely.

The teacher is in a most favorable position to make her influence felt, not only because of her training as a teacher but also on account of the group with which she deals. Children are not set in their ways and habits to the extent that adults are, and good health habits may therefore be much more readily instituted among them. Such habits are obviously of greater benefit than habits started in adult life, since they are established at the very time when the enemies

of good health—poor nutritional habits, lack of personal hygiene (including exercise, sleep, uncleanness, posture, etc.), physical defects and communicable disease—are most likely to gain a foothold. The prevention of these conditions through the establishment of adequate health habits and the ferreting out of beginning physical defects and beginning communicable conditions can be done very effectively by the teacher. She has already been made responsible for the creation of health habits through the health instruction classes which she conducts. In Detroit, through the preliminary health inspection of the pupils by the teacher (the children being later examined by physicians), she has first-hand knowledge of the conditions of her pupils and is thereby enabled to talk intelligently and convincingly concerning the need for corrective measures. The benefit which the teacher has been, and is, to the health of growing boys and girls through the establishment of health habits, calling attention to and urging the correction of physical defects, and the early detection of possible communicable conditions, is incalculable. It is in the early detection of possible communicable conditions that the value of the teacher has often been underestimated. Each teacher is asked each morning to observe her pupils for suspicious symptoms. Some do this with most satisfactory results; others are prone to neglect it. If each teacher would spend a few moments each morning inspecting her pupils for suspicious symptoms, either excluding or referring to the nurse those found to have such symp-

toms, the practice would prove its worth. The teacher is not asked to make a diagnosis. She is requested merely to keep away from the other children any child who has a headache, possible fever, nausea, rash, cold, watery or inflamed eyes, or sore throat.—*Detroit Health Review*.



Before sickness or disease actually exists, there are present signs and earmarks pointing toward disease, which your physician can find, tell you about, and advise you in checking.



No Escape From Vaccination Here.

The Cincinnati Board of Education enforces a vaccination rule as a prerequisite to school enrollment, with the result that last year there was not a single case of smallpox among the school children of that city. This rule caused considerable trouble for a new resident of Cincinnati, who was opposed to having his children vaccinated. The *Ohio Health News* tells the story:

"George W. Hook, a Cincinnati salesman (lately removed from Youngstown), didn't want his five children vaccinated. Three of the children are of school age, and as the Cincinnati Board of Education enforces a vaccination rule as a prerequisite to school enrollment, Hook's children were sent home. Then he was arrested and tried because he refused to send the children to school. The court, in passing a sentence of three months in jail, gave him a number of alternatives—to move out of the county, to employ a private tutor, to have his children vaccinated, or go to jail. Hook chose the last.

"One of the unbroken regulations governing in the Hamilton County jail is that who enters there as a prisoner must be vaccinated. So Hook, arriving to begin his sentence, was immunized against smallpox.

"Mrs. Hook is unable to care for the children, and it is within the power of the court to call the children in and declare them wards of the state. If that is done, they will be sent to the Hamilton County Children's Home; which again has an inviolate regulation of vaccination as a prerequisite to admittance.

"So Hook's protest, after all, but leads to vaccination."



Are you in business for your health? If not, you ought to be, if for no other reason than that you should put your health and well-being into your business and service.

—Emery R. Hayhurst, M.D.

What to Expect From a Water Examination.

Almost every day in the year someone, somewhere in California, is seized with the idea that the water he is drinking has become contaminated. So he proceeds to find an old catsup bottle or a Mason jar or an old beer bottle, which he fills with the suspected product. Generally he does not tie the cork onto the bottle and very often he does not pack the container carefully, with the result that by the time it completes its journey to the office of the State Board of Health, its contents have escaped. The only trouble with the foregoing procedure is that it is entirely wrong. If contamination of a domestic supply of water is suspected, the following action should be taken:

First—Notify the local city or county health officer of the suspected contamination, informing him of any cases of illness that it is believed may be due to the drinking water. The health officer will make a sanitary inspection in order to determine if any sewage has opportunity to find its way into the source of supply. If the source of contamination is revealed in this inspection, steps may be taken for the removal of the contamination without resorting to any bacteriological examination.

Second—If no source of contamination is found, but if there is strong suspicion of pollution, write to the Bureau of Sanitary Engineering of the California State Board of Health, Berkeley, reporting the facts fully. If a bacteriological examination seems to be warranted, the bureau will send special containers for taking samples, with full and complete directions for taking same. These directions must be followed carefully in order to be certain that the test may be accurate. In all cases, samples must be packed in ice for shipment to the bureau; if this is not done, the examination will be worthless.

MEANING OF BACTERIOLOGICAL TEST.

Mr. C. G. Gillespie, Director of the Bureau of Sanitary Engineering, says regarding bacteriological examinations of water supplies:

"The only tests of water we are equipped to make are for sewage contamination. We can not examine for typhoid in water because it is not practical; enormous volumes, beyond those which can be worked on in the laboratory, would have to be used, and it is not practical to do this. The examination for sewage contamination seeks for the colon bacillus which is exceptionally prevalent

in all sewage. I think it is not considered to be pathogenic itself except in rare cases, but it is a sensitive measure for the presence of sewage and therefore of the possibility of typhoid, since both typhoid and colon bacilli have about the same resistance to outside influences.

"The examination will not distinguish between the harmless sewage of animal origin or the possibly harmful sewage of human beings; therefore the test has its greatest value in sizing up by laboratory means the possible presence of human sewage. If the sanitary inspection would show that either animal or human pollution might find its way into the water, the test is quite useless, since it would not tell where the pollution came from, and such a water would have to be condemned in view of its uncertainty. Hence, the sanitary inspection is of vital importance; in fact, about half of the water supplies can be approved or rejected on a good sanitary inspection of the surroundings. Pollution over the surface is of course easily discerned. Pollution traveling underground has certain distinct limitations. Dry or only moist soil of fine texture without crevices would serve as an excellent filter for restraining the travel of pollution. Tests have shown that a fine soil will allow the travel of pollution underground only a few feet, perhaps six or ten feet. In coarse sand which is saturated with water, so that the sewage itself is diluted by the water, the pollution will travel further, perhaps 150 to 200 feet. If the formation is coarse and gravelly, the pollution may travel from 500 to 1000 feet, but probably no further. The so-called surface water, just below the ground, is generally considered to be quite highly polluted. However, this will depend on the nearness to privies and cesspools. Wells having defective or rusted casing in this portion of their depth are therefore more apt to receive pollution than wells with an intact casing extending to greater depth. It is well not to perforate wells except considerably below the surface, say 50 feet or more down. It is also well to use casing on the order of screw wrought iron pipe, because it has a longer life without rusting through.

"It is quite useless to sample from wells or water systems upon which there has been construction work in progress within a period of three or four weeks previously, because the pipe and tools below the water come in contact with the ground and this pollution does not disappear for three weeks or so.

"In this connection it may be stated that typhoid and colon bacilli tend to dis-

appear in water, and never increase. The rate of disappearance depends on several factors, the more important being the degree of pollution of the water. In highly polluted water, nearly all the organisms will disappear within two weeks; in a water of small pollution, these organisms will not completely disappear for about a month. A chemical test for pollution is not at all sensitive, and is practically no longer in vogue.

"Commenting somewhat on common misconceptions of sewage disposal, it may be stated cesspools are not deserving of all the criticism reflected upon them. If they do not reach to gravel formation and the side walls and roof are intact, or if they are not located nearer than 150 or 200 feet to a water supply, there is as little danger with them as in any means of sewage disposal. Septic tanks are merely a handy preparatory treatment for good cesspool disposal, or for any scheme of getting rid of sewage by making it soak away into the subsurface soil. Sometimes a cesspool will work better if it is built long and shallow in a loose soil which is dry, rather than in a deep hole in which the soil is more or less tight. The advantage of a deep hole is that it allows the creation of a considerable head or pressure, which forces the sewage to percolate into the soil. Open cesspools are an abomination, as also are privies which are in a poor state of repair or where the excreta are close to the ground surface and exposed to light. Deep privies in which the vaults are well braced and are dark do not attract flies. This is more important than the item of screening, which is usually so much stressed."

MORBIDITY.*

Diphtheria.

143 cases of diphtheria have been reported, as follows: Los Angeles 33, San Francisco 18, Los Angeles County 14, Glendale 12, Oakland 10, San Diego 6, Redondo Beach 5, Kern County 5, El Segundo 1, Hawthorne 1, Manhattan Beach 1, Hermosa 1, Pomona 1, Whittier 2, Bakersfield 2, Sacramento 1, Santa Ana 1, San Mateo County 2, Merced 1, Huntington Park 1, Stanislaus County 2, Watts 2, Berkeley 1, Maywood 1, Mountain View 2, San Bernardino County 1, Imperial County 1, Woodland 1, Fillmore 1, Fresno 1, Burbank 1, Long Beach 2, Pasadena 1, Stockton 1, Plumas County 1, Sonoma County 4, Kings County 1, Modoc County 1.

Scarlet Fever.

148 cases of scarlet fever have been reported, as follows: Los Angeles 54, Long Beach 18, Los Angeles County 11, Riverside 5, San Francisco 6, Oakland 6, Redwood City 4, San Luis Obispo County 1, Bakersfield 1, Monterey County 1, Orange County 2, San Mateo County 2, Siskiyou County 2, Fullerton 1, Glendale 3, El Centro 1, San Bernardino County 2, Redlands 2, San Jose 4, Alameda 2,

*From reports received on March 23d and 24th for week ending March 21st.

Alameda County 4, Berkeley 2, Sonoma County 2, San Diego 1, Maywood 1, Ontario 3, San Joaquin County 4, Pomona 1, Manteca 1, Porterville 1.

Measles.

114 cases of measles have been reported, as follows: Los Angeles 46, San Francisco 17, Los Angeles County 13, Huntington Park 11, Ventura County 5, Fillmore 5, Oakland 3, Fresno 2, Fresno County 1, Tracy 1, Maywood 1, Solano County 1, Orange County 1, Pasadena 1, San Diego County 3, Long Beach 1, Burbank 1, Fullerton 1.

Smallpox.

163 cases of smallpox have been reported, as follows: Los Angeles 34, San Diego 17, San Francisco 15, Los Angeles County 15, Ojai 12, San Jose 12, Oakland 10, Huntington Park 8, Long Beach 6, Santa Ana 1, Glendale 1, Glendora 1, Compton 1, Monterey County 1, Sacramento 3, Orange County 4, Redding 2, San Diego County 1, National City 4, Pasadena 4, Imperial County 1, Wheatland 1, Yuba County 1, Oroville 1, San Bernardino County 2, Berkeley 3, Fillmore 1, Porterville 1.

Whooping Cough.

269 cases of whooping cough have been reported, as follows: Los Angeles 76, San Francisco 33, Stockton 18, Los Angeles County

18, San Diego 13, San Joaquin County 16, San Luis Obispo County 10, Berkeley 12, Long Beach 11, Pasadena 6, Oakland 6, Compton 5, Glendale 5, Sacramento 3, Colton 4, Watsonville 1, Sonora 2, Fresno 2, Fullerton 1, Watts 1, Modesto 1, Merced County 2, Daly City 3, Lodi 1, Manteca 4, El Segundo 1, Maywood 3, Alhambra 4, Whittier 3, Monrovia 3, National City 1.

Typhoid Fever.

6 cases of typhoid fever have been reported, as follows: Pasadena 1, Berkeley 1, Imperial County 1, San Bernardino County 1, Oakland 2.

Epidemic Meningitis.

2 cases of epidemic meningitis have been reported, as follows: Oakland 1, Los Angeles 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Oakland 1, Alameda 1.

Epidemic Encephalitis.

2 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, San Diego 1.

Epidemic Jaundice.

San Francisco reported 3 cases of epidemic jaundice.

COMMUNICABLE DISEASE REPORT.

Disease	1925				1924			
	Week ending			Reports for week ending March 21 received by March 24	Week ending			Reports for week ending March 22 received by March 25
	Feb. 28	March 7	March 14		March 1	March 8	March 15	
Anthrax.....	0	0	0	0	0	0	0	0
Chickenpox.....	442	525	369	346	688	440	537	398
Diphtheria.....	122	132	135	143	274	277	270	207
Dysentery (Bacillary).....	0	0	2	0	3	2	0	0
Epidemic Encephalitis.....	2	3	2	2	3	2	1	3
Epidemic Jaundice.....	0	0	1	3	0	0	0	0
Epidemic Meningitis.....	0	2	1	2	5	3	0	1
Gonorrhoea.....	105	70	86	60	103	117	151	78
Influenza.....	113	125	280	156	49	49	35	17
Leprosy.....	1	0	0	0	0	0	2	1
Malaria.....	0	1	0	0	2	0	4	0
Measles.....	49	76	61	114	1,606	1,620	1,546	1,167
Mumps.....	222	246	294	296	90	66	59	47
Pneumonia.....	81	58	65	65	285	70	79	75
Poliomyelitis.....	2	4	3	2	0	2	2	3
Scarlet Fever.....	146	186	161	148	289	318	289	252
Smallpox.....	183	146	145	163	366	252	320	277
Syphilis.....	137	123	153	84	127	151	212	108
Tuberculosis.....	132	194	149	187	228	266	240	224
Typhoid Fever.....	3	15	7	6	29	76	15	58
Whooping Cough.....	240	286	327	269	105	52	41	40
Totals.....	1980	2192	2241	2046	4252	3763	3803	2956

CALIFORNIA STATE PRINTING OFFICE